

FQHCs interested in being considered to receive State funds for capital development should download an application packet from: <http://dhmh.maryland.gov/ocpbes/SitePages/bond.aspx>, or request an application as soon as possible from Mr. Ahmed Awad, Administrator, Administration-Sponsored Capital Programs, at the Office of Capital Planning, Budgeting, and Engineering Services, Department of Health and Mental Hygiene, 201 West Preston Street, Room 535H, Baltimore, MD 21201-2399, telephone 410-767-6589.

Applicants should submit an application to the Office of Capital Planning, Budgeting, and Engineering Services by April 18, 2014 in order to receive full consideration, should a bond loan be established in the 2015 General Assembly session (Fiscal Year 2016 funding). Applications received after April 18, 2014 will be considered; however, ranking on the departmental priority list cannot be guaranteed.

Applicants who received planning (architectural and engineering) funds in previous years must submit a complete application if they want to be considered for funding in Fiscal Year 2016.

Technical assistance for preparation of the application will be provided by Department of Health and Mental Hygiene staff upon request. For further information, please call Mr. Ahmed Awad at 410-767-6589.

Contact: Mr. Ahmed Awad, 410-767-6589

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[14-05-54]

MARYLAND HEALTH CARE COMMISSION

GROSS AND NET 2022 BED NEED PROJECTION FOR MEDICAL/SURGICAL/ GYNECOLOGICAL/ADDICTIONS AND PEDIATRIC BEDS BY JURISDICTION

In accordance with the requirements of COMAR 10.24.10.05F(4)(f) and 10.24.10.05G(4)(f), the Maryland Health Care Commission (MHCC) publishes the following notice of jurisdictional gross and net bed need for medical/surgical/gynecological/addictions (MSGA) beds and pediatric beds. These jurisdictional gross and net bed need projections will apply in the review of Certificate of Need (CON) applications acted on by MHCC after the date of their publication. Updated projections published in the *Maryland Register* supersede any published in either the *Maryland Register* or any plan approved by MHCC. Published projections of gross bed need remain in effect until MHCC publishes updated acute care hospital bed need projections. Projections of net bed need can change during the interim between bed need projection updates as a result of changes in the number of licensed MSGA and pediatric beds and/or changes in approved beds resulting from MHCC CON or CON exemption decisions, or changes to correct errors in the data or computation.

Gross and Net Bed Need Projection for MSGA Beds: Maryland, 2022

Jurisdiction	2022 Gross Bed Need		Licensed and Approved Beds	2022 Net Bed Need (Net of Currently Licensed and Approved Beds)	
	Minimum	Maximum		Minimum	Maximum
Western Maryland					
Allegany	129	174	167	-38	7
Frederick	211	288	256	-45	32
Garrett	26	34	35	-9	-1
Washington	162	220	197	-35	23
Montgomery County					
Montgomery	805	1,103	1,080	-275	23
Southern Maryland					
Calvert	77	101	72	5	29
Charles	104	134	105	-1	29
Prince George's	487	663	595	-108	68
St. Mary's	83	109	59	24	50
Central Maryland					
Anne Arundel	500	664	605	-105	59
Baltimore City	2,104	2,957	3,356	-1,252	-399
Baltimore County	685	927	873	-188	54
Carroll	132	175	104	28	71
Harford	216	290	232	-16	58
Howard	163	226	191	-28	35

Eastern Shore					
Cecil	72	98	71	1	27
Dorchester	29	39	25	4	14
Kent	38	51	40	-2	11
Somerset	5	6	4	1	2
Talbot	91	121	87	4	34
Wicomico	207	284	250	-43	34
Worcester	55	68	45	10	23

Gross and Net Bed Need Projection for Pediatric Beds: Maryland, 2022

Jurisdiction	2022 Gross Bed Need		Licensed and Approved Beds	202 Net Bed Need (Net of Currently Licensed and Approved Beds)	
	Minimum	Maximum		Minimum	Maximum
Western Maryland					
Allegany	3	4	4	-1	0
Frederick	5	5	10	-5	-5
Garrett	1	1	1	0	0
Washington	4	5	5	-1	0
Montgomery County					
Montgomery	20	24	59	-39	-35
Southern Maryland					
Calvert	2	3	1	1	2
Charles	3	3	4	-1	-1
Prince George's	2	2	12	-10	-10
St. Mary's	3	4	6	-3	-2
Central Maryland					
Anne Arundel	12	14	18	-6	-4
Baltimore City	138	160	272	-134	-112
Baltimore County	12	15	21	-9	-6
Carroll	2	2	7	-5	-5
Harford	4	4	3	1	1
Howard	4	5	6	-2	-1
Eastern Shore					
Cecil	1	1	3	-2	-2
Dorchester	0	0	0	0	0
Kent	0	0	1	-1	-1
Somerset	0	0	0	0	0
Talbot	3	4	8	-5	-4
Wicomico	4	5	8	-4	-3
Worcester	0	0	0	0	0

NOTES:**Gross Bed Need**

The minimum and maximum gross bed need projections shown in the tables were calculated using the methodologies outlined in COMAR 10.24.10.05, using a base year of 2012 and a target year of 2022.

Licensed and Approved Bed Inventory

The licensed and approved bed inventory has two components. First, for every jurisdiction, this inventory number includes the total number of MSGA or pediatric beds designated within the total acute care license of all of the hospitals in that jurisdiction for FY2014. (These licensed bed numbers can be found at Table 1 of the *Annual Report on Selected Maryland Acute Care and Special Hospital Services: Fiscal Year 2014*, available on the MHCC web site.)

Secondly, for some jurisdictions, the licensed and approved inventory also includes beds that were approved, through the CON process, as additions to bed capacity at hospitals in those jurisdictions. If a CON has been issued to a hospital that affected MSGA and or pediatric bed inventory and MHCC records indicate that a first use approval has not been issued for the project authorized through the CON or annual

revision of the hospital's acute care bed license (which occurs on July 1 of every year) has not yet occurred following issuance of a first use approval, this may have an impact on the bed inventory of these tables, as follows:

1. If the number of designated MSGA or pediatric beds within the total acute care license of that hospital for FY2014 equals or exceeds the total number of MSGA or pediatric beds approved for that hospital in the CON, then no additional beds are added to the jurisdictional inventory for purposes of net bed need projection. The licensed and approved bed inventory will simply be the total number of MSGA or pediatric beds designated within the total acute care licenses of all of the hospitals in that jurisdiction for FY2014;
2. If the number of designated MSGA or pediatric beds within the total acute care license of that hospital for FY2014 is less than the total number of MSGA or pediatric beds approved for that hospital in the CON, then additional beds are added to the jurisdictional inventory for purposes of net bed need projection, if the project has been completed (as indicated by issuance of a first use approval) and an annual re-designation of licensed bed capacity after the completion of the project has not yet occurred. The additional number of beds is the difference between the total number of MSGA or pediatric beds approved for all hospitals in that jurisdiction through the CON process and the total number of MSGA or pediatric beds designated within the total acute care licenses of all of the hospitals in that jurisdiction for FY2014.

Net Bed Need

The minimum and maximum net bed need projections shown in the tables are the difference between the minimum and maximum gross bed need projections and the licensed and approved bed inventory.

Other

Licensed MSGA and pediatric bed capacity is not necessarily equivalent to the actual physical capacity to set up and staff acute care beds of this type in any given hospital, which is a function of building space and appropriate patient room space and the manner in which the rooms are equipped. Physical bed capacity is not necessarily equivalent to the actual bed capacity that an acute care hospital can safely, effectively, and efficiently operate, which is a function of both actual room capacity and the relationship between units of rooms and the circulation pattern within buildings and floors of buildings that connect units of patient rooms and other spaces within the hospital, including diagnostic, treatment, and support space.

Total licensed bed capacity for acute care hospital services is determined by a formula based on observed average daily patient census and is recalculated every year. Hospitals are allowed to designate the assigned acute care service (MSGA, pediatric, obstetric, or psychiatric) for their total licensed acute care beds. For this reason, licensed bed capacity can exceed actual physical bed capacity in any given hospital. For most hospitals, this is not the case. They report more physical bed capacity than licensed bed capacity.

Licensed acute care beds and other physical bed capacity that exceeds the licensed bed capacity of a hospital is used to accommodate patients that are not admitted to the hospital for inpatient hospital services but are classified as patients under observation. Bed use of this kind is not accounted for in the MSGA and pediatric bed need projections developed by MHCC. More information on the use of licensed and/or physical acute care hospital bed capacity for observation patients can be found on the MHCC website at http://mhcc.dhmdh.maryland.gov/hospital/Documents/hospital_services/Final_FY2014_Annual_Report_Acute_Care_and_Special_Hospitals.pdf

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